



**Town of Walpole
Inspectors of Buildings
Application for a Building Permit**

**Town Hall
135 School Street
Walpole, Massachusetts 02081**

Telephone: (508) 660-7322
Fax: (508) 668-2240

Building Permit Number: _____ Date: _____

**SECTION 1- Property Ownership
Owner of Record:**

Name (Print)

Telephone

Address

Location of Property:

Address

SECTION 2 – Zoning Information

Zoning Information: _____ **Assessors Parcel Number:** _____
Zoning district Proposed Use Parcel number

Building Setbacks (ft)

Front Yard		Side yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
_____ / _____		_____ / _____		_____ / _____	

Water Supply (MGL c. 40, §54)	Water Resource District	Sewage Disposal System	Flood Zone Information
Public: _____ Private: _____	Zone: _____ N/A: _____	Town: _____ Septic: _____	Zone: _____ Outside Zone: _____

SECTION 3 – Construction Services (Required for all commercial buildings. See section 9 of this application)

Company Name: _____

Address: _____

Telephone: _____ **Home** _____ **Business** _____

Licensed Construction Supervisor _____ **Not Applicable** _____

Licensed Construction Supervisor _____ **License Number** _____

Address _____ **Expiration Date** _____
Registered Home Improvement Contractor _____ **Homeowner License Exemption** _____ **Not Applicable** _____

Name _____ **Registration Number** _____

Address _____ **Expiration Date * PERSONS** _____

CONTRACTING WITH UNREGISTERED CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY FUND

SECTION 4 – Description of Proposed Work (check all that apply)

Type of Construction..... **Use Group**.....

New Construction... Existing Building.... Repair(s).... Alteration(s).... Addition....

Accessory Bldg..... Demolition..... Other..... Specify: _____
(SEE BELOW)

Type of Heating System: Oil..... Gas..... Other... Specify: _____

Description of work:

Size of building: _____ **Material Used:** _____

Depth of Foundation Below Grade: _____

Size of Footings or Piers: _____

Thickness of Foundation Walls: _____

Size of Girders, First Floor and others: _____

Structural Floor/Ceiling Framing Details

	<u>Lumber</u>	<u>Material</u>	<u>Grade</u>	<u>Span</u>
Basement:	_____	_____	_____	_____
First Floor:	_____	_____	_____	_____
Second Floor:	_____	_____	_____	_____
Attic:	_____	_____	_____	_____
Roof:	_____	_____	_____	_____
Garage:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Sleeping Room Emergency Egress Window/Door Size: _____
(Must have a minimum net opening of 20" x 24")

Fireplace Opening Size: _____ **Flue Size:** _____

DEMOLITION of a structure or portion thereof requires letter of release from ALL public utilities, assessor's card, year structure built, and DIG SAFE number entered below. **THIS INFORMATION IS REQUIRED.**

DIG SAFE #: _____ **Year Structure Built :** _____

CALL: 1-888-344-7233 FOR YOUR DIG SAFE NUMBER

ENGINEERING DETAIL PER MASSACHUSETTS STATE BUILDING CODE (CMR 780 § 2313.0)

An Architect or Structural Engineer's Stamp is required on all glue laminated, steel, other engineered beams, and all cathedral ceiling designs.

SECTION 5 – Building Height and Area

BUILDING AREA	Existing (If Applicable)	Proposed
Basement Area (SF)	_____	_____
First Floor Area (SF)	_____	_____
Second Floor Area (SF)	_____	_____
Attached or Detached Garage (SF)	_____	_____
Total Square Footage	_____	_____

SECTION 6 - Solid Waste Disposal (In accordance with the provisions of MGL c.40, S.54, a condition of the building permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c.111, S.150A)

Disposal Company _____ Type of Container _____
Town Located _____

SECTION 7 – Workers’ Compensation Insurance Affidavit (M.G.L. c. 152 § 25c(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. **Failure to provide** this affidavit will result in the **denial of the issuance** of the building permit.

Signed Affidavit Attached Yes.....____ No.....____

SECTION 8 – Energy Conservation Requirements (CMR 780, Appendix J) for Low-rise Residential Construction

Energy Code Compliance Report must be completed and submitted with this application. **Failure to provide** this affidavit will result in the **denial of the issuance** of the building permit.

Energy Code Compliance Report Attached Yes....____ No....____

SECTION 9 – Professional Design and Construction Services – for buildings and structures subject to construction control pursuant to CMR 780 § 116 (containing more than 35,000 CF of enclosed space.) Affidavits in accordance with CMR 780 § 110.12 must be submitted with the permit application

Registered Architect:

Not Applicable _____

Name (Registrant):

Registration Number

Address

Expiration Date

Telephone

Registered Professional Engineer:

Name

Area of Responsibility

Address

Registration Number

Telephone

Expiration Date

SECTION 10A – Owner’s Signature (CMR 780 § 110.5)

If application is made other than by the owner, the written authorization of the owner is required.

Owner Signature

Date

***PERSONS CONTRACTING WITH UNREGISTERED CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY FUND**

SECTION 10B– Permit Applicant Declaration

I, _____, as Permit Applicant hereby declare that the statements and

Information on the foregoing application is true and accurate, to the best of my knowledge and belief.

In addition to the foregoing statement, this building will be constructed in accordance with all State and Local Building Codes and Laws of the Town of Walpole. This is a true statement signed under the Penalties of Perjury.

Applicant Signature

Date

SECTION 11 – Estimated Construction Costs

Estimated Cost (Dollars)
To be completed by permit applicant

1. Estimated Cost.....
2. Certificate of Occupancy \$25.00

Building Permit Fee: _____

Check Number _____